DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



September 12, 2001

ERRATA

TO: ALL COUNTY WELFARE DIRECTORS

ALL CalWORKS PROGRAM SPECIALISTS ALL COUNTY FORMS COORDINATORS ALL COUNTY SFIS COORDINATORS

SUBJECT: M20-003, M20-003A, M44-211L, M44-211N

REFERENCE: ALL COUNTY INFORMATION NOTICE I-60-01, dated

7/24/01

The errata transmits the Notice of Action forms: M20-003, M20-003A, M44-211L, and M44-211N, which were inadvertently omitted from the ACIN I-60-01. We regret any inconvenience that this may have caused.

Attachments

State of California Noa Msg Doc No.: M20-003 Page 1 of 1

Department of Social Services Action : Discontinue

Issue: SFIS

Title: Duplicate Aid Match

Auto ID No.: Use Form No. : NA 290 Source : Original Date : 07/01/01

Issued by : Revision Date : New

Reg Cite : 20-003; 20-005.1; 40-105.3

| MESSAGE | : |
|----------|---|
| TULOSOUE | • |

As of ______, the County is stopping your cash aid for you and your family.

Here's why:

| [|] | Our | record | ds s | show | tŀ | nat | you | are | already |
|---|---|--------------|--------|------|------|----|-----|-----|-----|---------|
| | | rece | eiving | cas | sh a | id | in | | | |
| | | County(ies). | | | | | | | | |

[] Our records show that you are already receiving cash aid under another name.

[] Other:

This notice does not change or stop Medi-Cal Benefits. Keep using your plastic Benefits Identification Card(s). You will get another notice telling you about any changes to your health benefits.

Receiving Medi-Cal and/or food stamps only DOES NOT count against your cash aid time limits.

INSTRUCTIONS: Use to discontinue cash aid $\underline{\text{after}}$ a SFIS duplicate aid match has been verified.

File: tmallinU/mseries/20003

State of California Noa Msg Doc No.: M20-003A Page 1 of 1

Department of Social Services Action : Deny

Issue: SFIS

Title: Duplicate Aid Match

Auto ID No.: Use Form No. : NA 290 Source : Original Date : 07/01/01

Issued by : Revision Date : New

Reg Cite : 20-003; 20-005.1; 40-105.3

MESSAGE:

The County has denied your application for cash aid dated _____.

Here's why:

- [] Our records show that you are already receiving cash aid in ______ County(ies).
- [] Our records show that you have already filled out an application under another name.
- [] Other:

INSTRUCTIONS: Use to deny aid when a SFIS duplicate aid match is found and verified prior to approving cash aid.

File: tmallinU/mseries/20003a

State of California Noa Msg Doc No.: M44-211L Page 1 of 1

Department of Social Services Action : Change

Issue: Special Needs

Title: Pregnancy Special Needs

Auto ID No.: Use Form No. : NA 200 Source : Original Date : 08/01/96 Issued by : Revision Date : 07/01/01

Reg Cite : 44-211.6

| IV A LT | CC | 7 | CF | • |
|---------|----|---|----|---|
| | | | | |

| | , the County is ur cash aid from \$ to |
|-------------|--|
| Here's why: | |
| | has given us medical proof |
| that she is | pregnant. She will now get a |
| \$ | special needs payment each |
| month until | she is no longer pregnant. |

Your new cash aid is figured on this page.

INSTRUCTIONS: Use to change the cash aid when medical verification of pregnancy is received. Enter the date the County is changing the cash aid and the old and new amounts. Enter the name of the pregnant woman and the special need payment amount.

This message replaces M44-211L dated 08/01/96.

File: tmallin/mseries/442111

State of California Noa Msg Doc No.: M44-211N Page 1 of 1

Department of Social Services

Issue: Pregnancy Special Needs

Title: No Longer Pregnant

Action : Change

Auto ID No.: Use Form No. : NA 200
Source : Original Date : 04/08/82
Issued by : Revision Date : 07/01/01

Reg Cite : 40-105.2; 44-211.6

| MESSAGE | ٠ |
|---------------|---|
| TIL S S A G E | • |

As of _____, the County is changing your cash aid from \$____ to \$___.

Here's why:

_____ is no longer pregnant. She can no longer get a \$_____ special needs payment for pregnancy.

To add your newborn to your grant:

- Tell the County when your baby was born.
- Fill out an application for a social security number for your child.
- Give us proof that the application has been completed.

If your child is eligible, he/she will be added to your grant.

INSTRUCTIONS: Use to change the grant amount when the pregnancy special need payments are discontinued at the end of the pregnancy and the county has not received an application to add the child to the AU.

This message replaces M44-211L dated 7/1/89.

File: tmallin/mseries/44211n